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PTO/SB/21 (08-00)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/803,468
		Filing Date	March 17, 2004
		First Named Inventor	FITZGERALD, PETER J.
		Group Art Unit	3763
		Examiner Name	Aamer S. Ahmed
Total Number of Pages in This Submission	13	Attorney Docket Number	CATH-001
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): USPTO Credit Card Payment Form	
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	BRET E. FIELD, Reg. No. 37,620		
Signature			
Date	December 1, 2005		

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.8(d) and 1.8(a)(1)(b) addressed to: 571-273-8300 on this date: December 1, 2005.			
Typed or printed name	Donna Macedo		
Signature			Date December 1, 2005

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PTO/SB/17 (12-04)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Complete if Known	
		Application Number	10/803,468
		Filing Date	March 17, 2004
		First Named Inventor	FITZGERALD, PETER J.
		Examiner Name	AHMED, AAMER S.
		Art Unit	3763
		Attorney Docket No.	CATH-001
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$ 100.00)		

METHOD OF PAYMENT (check all that apply)	
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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0815</u> Deposit Account Name: <u>Bozicavic, Field and Francis LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u>		<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>				
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25				
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100				
Multiple dependent claims		360	180				
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
31	- 27 or HP = 4	25.00	100.00				
HP = highest number of total claims paid for, if greater than 20							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
4	- 4 or HP = 0	0	0				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____	- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				<u>Fee Paid (\$)</u>			
Other: _____				<u>Fee Paid (\$)</u>			

SUBMITTED BY		
Signature _____ Name (Print/Type) <u>Bret E. Field</u>	Registration No. (Attorney/Agent) <u>37,620</u>	Telephone <u>(650) 327-3400</u> Date <u>12/01/2005</u>

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AMENDMENT & RESPONSE Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket	CATH-001
	Confirmation No.	5475
	First Named Inventor	Peter J. Fitzgerald
	Application Number	10/803,468
	Filing Date	March 17, 2004
	Group Art Unit	3763
	Examiner Name	Aamer S. Ahmed
	Title	METHODS AND DEVICES FOR RETRIEVAL OF A MEDICAL AGENT FROM A PHYSIOLOGICAL EFFERENT FLUID COLLECTION SITE

Sir:

In response to the Office Action dated September 1, 2005, please enter the following amendments:

12/02/2005 MBINAS 00000040 10003468

01 FC:2202

100.00 0P